

AMENDED IN ASSEMBLY APRIL 27, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

## ASSEMBLY BILL

**No. 1763**

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**Introduced by Assembly Member Gipson**

February 3, 2016

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An act to add Section 1367.667 to *the* Health and Safety Code, and to add Section 10123.205 to the Insurance Code, relating to health care coverage.

### LEGISLATIVE COUNSEL'S DIGEST

AB 1763, as amended, Gipson. Health care coverage: colorectal cancer: screening and testing.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires individual and group health care service plan contracts and health insurance policies to provide coverage for all generally medically accepted cancer screening tests and requires those contracts and policies to also provide coverage for the treatment of breast cancer. Existing law requires an individual or small group health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2014, to, at a minimum, include coverage for essential health benefits, which include preventive services, pursuant to the federal Patient Protection and Affordable Care Act.

This bill would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2018, to provide coverage *without cost sharing*

for colorectal cancer screening examinations and laboratory tests, as specified. The bill would require the coverage to include additional colorectal cancer screening examinations and laboratory tests recommended by the ~~treating physician~~ *health care provider*, if the individual is at high risk for colorectal ~~cancer~~ *cancer, as determined by the health care provider*. The bill would prohibit a health care service plan contract or a health insurance policy from imposing cost sharing on ~~this coverage for~~ an individual who is 50 years of age or ~~older~~ *older for colonoscopies conducted for specified purposes*. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 1367.667 is added to the Health and  
2 Safety Code, to read:  
3 1367.667. (a) Every health care service plan contract, except  
4 a specialized health care service plan contract, that is issued,  
5 amended, or renewed on or after January 1, 2018, shall provide  
6 coverage *without any cost sharing* for all colorectal cancer  
7 screening examinations and laboratory tests assigned either a grade  
8 of A or a grade of B by the United States Preventive Services Task  
9 Force for individuals at average risk. ~~The coverage shall include,~~  
10 ~~at a minimum, all of the following:~~  
11 ~~(1) High sensitivity fecal occult blood tests (FOBT).~~  
12 ~~(2) Flexible sigmoidoscopy with high sensitivity FOBT.~~  
13 ~~(3) Colonoscopies, including the removal of polyps during a~~  
14 ~~screening procedure.~~  
15 ~~(b) (1) If risk.~~ If an enrollee is at high risk for colorectal ~~cancer,~~  
16 ~~cancer as determined by the enrollee's health care provider;~~ the  
17 coverage required by subdivision (a) shall include additional  
18 colorectal cancer screening examinations and laboratory tests as

1 recommended by the ~~treating physician~~ *enrollee's health care*  
2 *provider*.

3 ~~(2) For purposes of this subdivision, an individual is at high~~  
4 ~~risk for colorectal cancer if the individual has any of the following:~~

5 ~~(A) A family medical history of colorectal cancer.~~

6 ~~(B) A prior occurrence of cancer or precursor neoplastic polyps.~~

7 ~~(C) A prior occurrence of a chronic digestive disease condition,~~  
8 ~~including, but not limited to, inflammatory bowel disease, Crohn's~~  
9 ~~disease, or ulcerative colitis.~~

10 ~~(D) Other predisposing factors.~~

11 ~~(e)~~

12 ~~(b) For an enrollee who is 50 years of age or older, a health care~~  
13 ~~service plan contract shall not impose cost sharing on either of the~~  
14 ~~following: colonoscopies, including the removal of polyps, when~~  
15 ~~either of the following applies:~~

16 ~~(1) The coverage required by this section.~~

17 ~~(2) Colonoscopies, including the removal of polyps during a~~  
18 ~~screening procedure, if the enrollee has a positive result on any~~  
19 ~~fecal test assigned either a grade of A or a grade of B by the United~~  
20 ~~States Preventive Services Task Force.~~

21 ~~(d) Paragraph (3) of subdivision (a) shall not apply to a high~~  
22 ~~deductible health plan, as described in Section 223 of Title 26 of~~  
23 ~~the United States Code.~~

24 ~~(1) The colonoscopy is a screening procedure not occasioned~~  
25 ~~by a recent positive test or procedure.~~

26 ~~(2) The colonoscopy has been scheduled because of a positive~~  
27 ~~result on a test or procedure, other than a colonoscopy, assigned~~  
28 ~~either a grade of A or a grade of B by the United States Preventive~~  
29 ~~Services Task Force.~~

30 SEC. 2. Section 10123.205 is added to the Insurance Code, to  
31 read:

32 10123.205. (a) Every health insurance policy, except a  
33 specialized health insurance policy, that is issued, amended, or  
34 renewed on or after January 1, 2018, shall provide coverage *without*  
35 *cost sharing* for all colorectal cancer screening examinations and  
36 laboratory tests assigned either a grade of A or a grade of B by the  
37 United States Preventive Services Task Force for individuals at  
38 average risk. ~~The coverage shall include, at a minimum, all of the~~  
39 ~~following:~~

40 ~~(1) High sensitivity fecal occult blood tests (FOBT).~~

1     ~~(2) Flexible sigmoidoscopy with high sensitivity FOBT.~~

2     ~~(3) Colonoscopies, including the removal of polyps during a~~  
3     ~~screening procedure.~~

4     ~~(b) (1) If risk. If an insured is at high risk for colorectal cancer,~~  
5     ~~cancer as determined by the insured's health care provider, the~~  
6     ~~coverage required by subdivision (a) shall include additional~~  
7     ~~colorectal cancer screening examinations and laboratory tests as~~  
8     ~~recommended by the treating physician. insured's health care~~  
9     ~~provider.~~

10    ~~(2) For purposes of this subdivision, an individual is at high~~  
11    ~~risk for colorectal cancer if the individual has any of the following:~~

12    ~~(A) A family medical history of colorectal cancer.~~

13    ~~(B) A prior occurrence of cancer or precursor neoplastic polyps.~~

14    ~~(C) A prior occurrence of a chronic digestive disease condition,~~  
15    ~~including, but not limited to, inflammatory bowel disease, Crohn's~~  
16    ~~disease, or ulcerative colitis.~~

17    ~~(D) Other predisposing factors.~~

18    ~~(e)~~

19    ~~(b) For an insured who is 50 years of age or older, a health~~  
20    ~~insurance policy shall not impose cost sharing on either of the~~  
21    ~~following: colonoscopies, including the removal of polyps, when~~  
22    ~~either of the following applies:~~

23    ~~(1) The coverage required by this section.~~

24    ~~(2) Colonoscopies, including the removal of polyps during a~~  
25    ~~screening procedure, if the insured has a positive result on any~~  
26    ~~fecal test assigned either a grade of A or a grade of B by the United~~  
27    ~~States Preventive Services Task Force.~~

28    ~~(d) Paragraph (3) of subdivision (a) shall not apply to a high~~  
29    ~~deductible health plan, as described in Section 223 of Title 26 of~~  
30    ~~the United States Code.~~

31    ~~(1) The colonoscopy is a screening procedure not occasioned~~  
32    ~~by a recent positive test or procedure.~~

33    ~~(2) The colonoscopy has been scheduled because of a positive~~  
34    ~~result on a test or procedure, other than a colonoscopy, assigned~~  
35    ~~either a grade of A or a grade of B by the United States Preventive~~  
36    ~~Services Task Force.~~

37    SEC. 3. No reimbursement is required by this act pursuant to  
38    Section 6 of Article XIII B of the California Constitution because  
39    the only costs that may be incurred by a local agency or school  
40    district will be incurred because this act creates a new crime or

1 infraction, eliminates a crime or infraction, or changes the penalty  
2 for a crime or infraction, within the meaning of Section 17556 of  
3 the Government Code, or changes the definition of a crime within  
4 the meaning of Section 6 of Article XIII B of the California  
5 Constitution.

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